

Commercial Permitting Package

**PLEASE READ
NEXT PAGE FOR
PERMITTING PROCEDURES**

Commercial Permitting Package

PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS

List of Required Documentation

- Complete the entire permit application packet in its entirety including the Zoning & Health forms.
- For an addition to an existing building, provide two (2) copies of proposed plot plan (Class A-2 Survey), by a licensed surveyor with location of addition reflected on plot plan.
- Provide three (3) copies of building plans drawn to scale.
- The Connecticut 7B Worker's Compensation Form must be completed and notarized **and/or** provide a copy of your Certificate of Insurance reflecting proof of Worker's Compensation.
- If the Applicant is not the Owner of the Property, the Letter of Authorization must be completed.
- Provide a copy of the Connecticut Contractor Registration/License.
- If applicable, contact CL&P to get a *Call Before You Dig Number* (1-800-922-4455).
- Permit fees will be collected by each department separately and to be paid by check or cash only. Checks are made payable to "Town of Newtown."

Procedure to Follow to Submit a Permit Application for Review & Issuance

Only (3) copies of the building plans, (2) copies of the site plan, and the completed permit application are required for the procedure below.

- **1st Stop: Health District / (203) 270-4291**
 - Speak to a Sanitarian for specific application requirements.
 - Present for review the required information (plot plan, well, septic, and code complying area, etc.) and assurance of code compliance.
 - The Health District will sign the building application and the three (3) sets of building plans. (If food will be sold/served, a fourth set of plans will be needed.)
- **2nd Stop: Land Use Agency / (203) 270-4276**
 - Submit the completed Zoning Permit Application provided in the packet, and pay fee.
 - Present the three (3) copies of the building plans, the (2) copies of the proposed Class A-2 Survey plot plans that show wetlands boundary as approved by the conservation commission, and present the Building Permit Application for signature by a Zoning Officer & and by a Conservation Officer. Land Use will retain a copy of one survey for their files.
- **3rd Stop: Fire Marshal / (203) 270-4370**
 - Hand in one (1) copy of signed building plans.
 - Present the Building Permit Application for signature by the Fire Marshal.
 - Pick-up and complete any additional paperwork requested by the Fire Marshal.
- **4th Stop: Building Department / (203) 270-4260**
 - Submit for review the remaining two (2) copies of the Building Plans, the Survey, and the fully-completed Permit Application with required documents noted above.
 - The Building Department will call the Applicant when the Permit is ready to be issued and paid for. Once this main permit is paid for, the mechanical permits (HVAC, Electric, Plumbing, etc.) may be pulled. The mechanical permits are issued the same day with payment made by check or cash for each one.

COMMERCIAL - BUILDING PERMIT APPLICATION

Permit No.:

Receipt No.:

Date Issued:

REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION**Fire Marshal:****Engineer:****Zoning:****Conservation:****Health:**

Is this structure in the Borough?

Is this structure in the Hattertown District?

Is this structure a Historic Building designated by The State Historical Preservation Officer?

Approval Signature of Historic District Representative:

All refunds must be requested within 30 days of permit date if project under this permit is cancelled.

Date:

Property Location Street Address:

Bldg. #:

Unit #:

Map #:

Block #:

Lot#:

Dev. Lot #:

Zone:

COMPLETE OWNER'S CONTACT INFORMATION BELOW

Owner's Name as it Appears in Land Records:

Owner's Email:

Owner's Street Address:

Town/City:

State:

Zip Code:

Home Phone Number:

Work Phone Number:

Fax Number:

IF NOT THE OWNER, COMPLETE THE APPLICANT'S CONTACT INFORMATION*If the Applicant is not the Owner, a Letter of Authorization from the Owner will be required to pull this permit.*

Applicant's Name:

Applicant's Email:

Street Address:

Town/City:

State:

Zip Code:

Applicant's Phone Number:

Work Phone Number:

Fax Number:

LICENSED CONTRACTOR INFORMATION*If the Contractor is pulling this permit, a Letter of Authorization from the Owner will be required.*

Name of Contractor:

Contractor's Email:

Contractor's Business Name:

Street Address:

Contractor's Phone Number:

Town/City:

State:

Zip Code:

Home Improvement Contractor License Number:

HIC Expiration Date:

Description of Work with Tenant Name and Unit Number:**CIRCLE PERMIT TYPE:**

ALTERATIONS

ADDITION

RENOVATIONS

NEW CONSTRUCTION

Is there a Change of Use?

If yes, from _____ to _____

ESTIMATED CONSTRUCTION COST
(Minus Cost of Mechanicals)

\$

Call Before You Dig: (800) 922-4455 BUD#:

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CIRCLE TYPE OF CONSTRUCTION:

1A

2A

3A

5A

1B

2B

3B

5B

2C

4

Circle Below All Use Groups
Applicable to This Project

A-1 A-2 A-3 A-5

E B M U

F-1 F-2

H-1 H-2 H-3 H-4

I-1 I-2 I-3

R-1 R-2 R-3

S-1 S-2

Mixed Use?

YES

OR

NO

Separated? _____

Number of Stories in Building: _____

Height of Building in Feet: _____

LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY ABOVE AND BELOW GRADE

Story 1:

Story 2:

Story 3:

Story 4:

Story 5:

Name of Architect:

License #:

Name of Structural Engineer:

License #:

Interior Designer:

Registration #:

Is This Building a Threshold Building:

Reason:

Estimated Cost of Construction with Mechanicals:

LIST THE COST OF ALL MECHANICALS BELOW

Plumbing:

Heating:

Other:

Electrical:

Fire Protection:

Other:

All applicable information must be filled in or this permit cannot be processed.

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and / or I have been authorized to make this application as an authorized agent, we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owner's Signature: _____

Date: _____

Owner's Printed Name: _____

Owner's Agent's Signature: _____

Date: _____

Owner's Agent's Printed Name: _____

3 PRIMROSE STREET
NEWTOWN, CT 06470

203-270-4260 PHONE
203-270-4263 FAX



TOWN OF NEWTOWN

BUILDING DEPARTMENT

New Foundation Concrete Information

Project Permit Number: _____

Map: _____ Lot: _____

Project Address: _____

Description of Project: _____

Property Owner: _____

*Name of Concrete Supplier: _____

*Name of Concrete Installer: _____

Applicant (Please Print): _____ Date: _____

Applicant (Signature): _____ Date: _____

As of October 1, 2016 per the State of Connecticut Substitute House Bill No. 5180, Public Act No. 16-45: Act Concerning Concrete Foundations: this form must be provided by the Applicant (Owner/Contractor/Agent for Owner) for any new structure requiring a foundation prior to the issuance of a Certificate of Occupancy for this project as stated herein above.

Letter of Authorization – Contractor to Sign: Contractor giving authorization to the Homeowner/Property Owner permission to pull a permit using his/her State of Connecticut, Home Improvement Contractor's License.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _____, give _____ permission to obtain
a/an _____ permit using my Contractor's License for work to be done
at property location: _____.

Sincerely,

Date:

Letter of Authorization – Homeowner/Property Owner to Sign: Homeowner/Property Owner giving authorization to the Contractor permission to pull a permit at the Homeowner's/Property Owner's address of where the permit scope of work will be performed.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _____, give _____ permission
to obtain a building permit for a/an _____ permit at my property
location of: _____.

Sincerely,

Date:

3 Primrose Street
Newtown, Connecticut 06470

Tel. (203) 270-4370
Fax. (230) 270-1528



TOWN OF NEWTOWN
Office of the Fire Marshal

To: All Building Contractors
From: Richard Frampton
Subject: Outside Burning at Construction Sites

Section 22a-174 of the Connecticut General Statutes is the enabling legislation which governs the administrative regulations for the control of open burning. These regulations empower the local open burning official to only issue permits to any resident of the Town to dispose of brush on property where he resides. This means that if there is no residential structure occupied on the property, a permit cannot be issued. Owners or contractors wishing to burn brush on vacant land or construction sites cannot be issued permits. In such circumstances, the brush should be piled to one side of the property and burned when there is an occupied residential structure on the site. Burning permits for brush only are issued by the Fire Marshal's Office from November 1 through April 1. Owners or contractors should contact the Fire Marshal's Office for conditions of burning as set forth in the regulations.

No burning of construction materials at construction sites in the Town of Newtown is permitted. Debris should be piled into a dumpster and disposed of properly.

Should the fire department be called to a construction site for a fire it will be extinguished, and the contractor may be arrested for burning without a permit. The contractor will also be billed a set amount by the fire department for the responses and extinguishment.

Your signature on this letter acknowledges your receipt of the above information.

Printed Name

Date

Signature

Tel. Phone Number

Job Location

Proudly serving the
towns of Bridgewater,
Newtown and Roxbury



3 Primrose Street
Newtown, CT 06470
P: (203) 270-4291

www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF**

This is not a Building Permit - A permit from the Building Department is required prior to construction.

Street Address of Proposed Project		Town	
Owner	Phone	Email	
Contractor Name	Phone	Email	
Contractor Address	Town	State	Zip Code
Lot Size	Septic and Well Information Provided:		Yes No

This application must be accompanied by:

- A sketch/drawing showing relative distances to septic systems and wells and a code-complying area, if required
- A check made payable to Newtown Health District in the amount of:

FEES: circle appropriate fee:

- | | |
|----------|--|
| \$ 15.00 | Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc. |
| \$ 25.00 | Addition/Structure (requiring foundation/slab) not habitable |
| \$ 50.00 | Additions, habitable space |
| \$ 50.00 | Commercial Building/Space, per 1,000 square feet |
| \$ 25.00 | Commercial Building Fit-out |
| \$ 25.00 | Finished Basement, without potential BR |
| \$ 50.00 | Finished Basement, with potential BR |
| \$100.00 | New Residential/Per Single Family Unit |
| \$ 10.00 | Properties on public sewer |
| \$ 10.00 | Residential Renovations/Change of Use |
| \$ 25.00 | Swimming pool, above ground |
| \$ 50.00 | Swimming pool, in-ground |

Description of Building/Addition/Structure: _____

Owner or Applicant Signature: _____ Date: _____

A letter of Authorization is acceptable in place of Owner's Signature.

Health District Use Only

APPROVED _____ DENIED _____ Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Sanitarian: _____ Decision Date: _____

Town of Newtown Zoning Department

The square footage spaces listed below must be accurately
Filled and only for new space

Zoning Permit Fee

Applicant/Agent _____

Address _____

AREA	Square Footage
1 st Floor	_____
2 nd Floor	_____
Habitable Attic	_____
Basement	_____
Garage	_____
Porches with a Roof	_____
Sheds	_____
Carports	_____
Barns	_____
Other (list)	_____

Total Square Footage _____

Total Fee \$ _____

I attest that the above information is true and accurate to the best of my knowledge and belief.

Signed _____ Printed Name _____



Address for Land Use Files

**TOWN OF NEWTOWN
APPLICATION FOR ZONING PERMIT**

1. Owner _____

2. Applicant _____

3. Project Address: _____

4. Phone _____

5. Email _____

6. Permit for (Specify use below selection):

a) ____ New Building or Structure

b) ____ Enlarged Building or Structure

c) ____ Structural Alteration (no increase in area)

d) ____ Landscape Work (includes 1/4 acre ponds)

e) ____ Change in Use

f) ____ Temporary Use

g) ____ Other Use

Description of Activity: _____

7. Present use of lot (i.e. Single Family Residence)

8. Attached Plans: ____ yes ____ no
____ not necessary

8. Will any topsoil or earth materials other than
topsoil be removed from the lot or onto the
lot? ____ yes ____ no

*I declare under penalties of false statements that
the statements of the foregoing application are
complete and true.*

*This is a decision of a Zoning officer and may be
appealed to Zoning Board of Appeals in accordance
with §8.7 of the CT General Statutes within 15
days.*

Owner/Applicant

Date

ZEO Notes: _____

ZEO Signature

Date

Fee \$ _____ By _____ Date _____